

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Helen Kennedy Robinson
Address 315 Centerpointe Dr., Oxford, MS 38655
Telephone 662-513-0618 Fax 662-513-0618
Treasurer Patrick Fuller Email electhr@phoo.com

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OCT 08 2010
Campaign Finance
Secretary of State

DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ X October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,487.47 + \$ 419.00	\$ 1,906.47	\$ 3,348.54
Total amount of disbursements	\$ 2,123.18 + \$ 219.00	\$ 2,342.18	\$ 2,831.70
Total amount of cash on hand		\$ 516.84	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

10/8/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-559-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Helen Kennedy Robinson
 Reporting period 7/1/10 through 9/30/10

ITEMIZED DISBURSEMENTS

A. Full name <u>Oxford T-shirt Company LLC</u>	Date (Mo., Day, Year) <u>7/15/10</u>	Amount of each disbursement this period \$ <u>307.63</u>
Mailing Address <u>1453 Shamard Blvd.</u>		
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>7/1/10</u>	\$
Purpose of Disbursement (Optional) <u>T-shirts</u>	Aggregate Year-to-date	\$ <u>307.63</u>
B. Full name <u>Dan Wall, Inc.</u>	Date (Mo., Day, Year) <u>8/4/10</u>	Amount of each disbursement this period \$ <u>929.21</u>
Mailing Address <u>12404 Hwy 153 South</u>		
City, State, Zip Code <u>Tyler, TX 75703</u>	<u>9/27/10</u>	\$ <u>506.50</u>
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$ <u>1,435.71</u>
C. Full name <u>Half Price Banners.com, Inc.</u>	Date (Mo., Day, Year) <u>7/15/10</u>	Amount of each disbursement this period \$ <u>379.84</u>
Mailing Address <u>P.O. Box 861135</u>		
City, State, Zip Code <u>Shawnee, KS 66286-1135</u>	<u>7/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Banners</u>	Aggregate Year-to-date	\$ <u>379.84</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page 1 of 1Name of Candidate or Committee Committee to Elect Helen Kennedy Robinson

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Robinson</u>	<u>7/15/10</u>	\$ <u>379.84</u> (Banner)	
Mailing Address <u>108 College Ave.</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Holly Springs, NC 38635</u>	<u>1/1/</u>	\$	
Name of Employer (Required) <u>Self</u>	<u>1/1/</u>	\$	
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ <u>379.84</u>	
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Patrick Fuller</u>	<u>7/15/10</u>	\$ <u>307.63</u> T-shirt	
Mailing Address <u>315 Centerpointe Dr.</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>1/1/</u>	\$	
Name of Employer (Required) <u>Larson Jewel</u>	<u>1/1/</u>	\$	
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>307.63</u>	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Betty Ann Mobley</u>	<u>7/21/10</u>	\$ <u>500.00</u>	
Mailing Address <u>145 S Randolph St.</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Holly Springs, NC 38635</u>	<u>1/1/</u>	\$	
Name of Employer (Required) <u>Housewife</u>	<u>1/1/</u>	\$	
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frank Swords</u>	<u>8/23/10</u>	\$ <u>300.00</u>	
Mailing Address <u>957 Peyton Rd.</u>	<u>1/1/</u>	\$	
City, State, Zip Code <u>Holly Springs, NC 38635</u>	<u>1/1/</u>	\$	
Name of Employer (Required) <u>NSA</u>	<u>1/1/</u>	\$	
Occupation (Required) <u>Entrepreneur</u>	Aggregate year-to-date	\$ <u>300.00</u>	